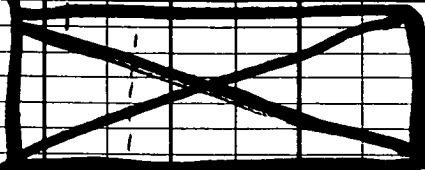


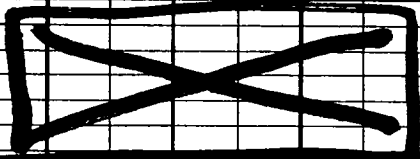



MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
APPLICANT(S)								
4157/7 Ind. B CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
								
8								
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50								
TOTAL IND.	4		1		2			
TOTAL DEP.	14		31		34			
TOTAL CLAIMS	18		32		36			
							51	
							52	
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							98	
							99	
							100	
							TOTAL IND.	
							TOTAL DEP.	
							TOTAL CLAIMS	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS					
ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
					
8	1			1	
9		1			1
10			1		1
					
13	6		5		5
14	6		5		5
					
17		1			1
18		1			1
19		1			1
20		1			1
21		1			1
22		1			1
23		1			1
24		1			1
25		1			1
26		1			1
27		1			1
28		1			1
29		1			1
30		1			1
31		1			1
32		1			1
33		1			1
					
38			1		1
39			1		1
40				1	
41					
42					
43					
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45					
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50					
TOTAL IND.	1	2		3	
TOTAL DEP.	31	30		30	
TOTAL CLAIMS	32	32		33	

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98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					